Patient Information Leaflet

Looking after your Plaster Cast

This information leaflet has been produced to provide our patients with an overview of their condition and what treatments they may expect. However, each person is different and the treatment you are offered will depend on your unique circumstances.



LOOKING AFTER YOUR PLASTER CAST

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What is a plaster cast?

A plaster cast is a device used to help immobilise parts of your leg. There are two main types which are the heavy type (made of plaster of Paris) or the lightweight type (made of fibreglass). They are both typically used in combination with wool which gives padding over pressure areas.





What are the differences between the types of plaster cast?

You will typically have the heavier plaster of Paris cast in the first two weeks after an injury or surgery. This plaster will cover only half of the leg (usually it is the back half which leads to it being called a 'back slab'). Although heavier, it is more malleable meaning that it better accommodates swelling which typically increases during the first two weeks after an injury or surgery.

In most cases, this type of plaster can be exchanged for a lightweight fibreglass plaster. This plaster will encircle the whole of the area to be protected. It is stiffer however than a backslab meaning that even small changes in swelling may make it feel tight.



How do I look after a plaster cast?

- Your plaster takes 2 days to fully dry out even though it may seemed to have set. You should try to avoiding accidentally bumping it during this time as it may damage the cast.
- Your plaster case is NOT waterproof. If it gets wet, your skin may start to become macerated due to contact with damp wool. Therefore if you are planning for a bath or shower, then consider using a special covering device which can be purchased online e.g. LimbO. If it does get wet, please contact us since you may need to have the cast replaced.
- You should keep your leg elevated as much as possible during both the day and night. This reduces swelling which can otherwise make a cast feel tight.
- You should use any additional aids such as crutches or plaster shoes if provided since this will avoid excess load on the plaster which may deform and damage it.
- You should move your toes which encourages blood flow into the toes, and prevents them from becoming stiff.
- You should NOT place anything down the plaster cast to scratch an itch. This can both damage the cast and pressure sores to the skin can occur if the implement is not fully removed.

Can I walk on my plaster?

Your surgeon will advise you specifically on this. However in general, most plasters should not be walked on for the first two to four weeks. Thereafter, depending upon your injury or surgery will dictate if you can put some (partial weight bearing) or all (full weight bearing) of your weight on the leg.

Can I choose the colour?

Plaster of Paris casts are wrapped in crepe bandage which is a standardised colour. Fibreglass casts do come in a variety of different colours although the plasters we use at Stanmore Foot and Ankle Specialists tend to be plain white.

What do I need to look out for?

The following signs indicate a problem may be developing:

- Increasing pain and tightness under the cast
- Numbness or tingling in the injured leg
- Burning or stinging sensation under the cast
- Excessive swelling
- Difficulty moving the toes
- Blue or cold toes
- Feeling of the cast being too tight or too loose
- Red skin around the cast
- Large cracks in the cast
- Wet cast that does not dry out
- Odour coming from the cast

Who should I contact if I have a concern?

Please contact Stanmore Foot and Ankle Specialists if you have a problem with a cast that we have applied. If you are concerned and it is out of office hours, you should attend your local Emergency Department or Minor Injuries Unit for assessment.



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